

## UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

CLERK'S OFFICE

Vernon S Rivet Jr  
Plaintiff

JULY 26 P 2:54  
APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

v.  
Town of Billerica  
and the Commonwealth  
of Massachusetts  
Defendant

CASE NUMBER:

05 - 11C20 WGY

declare that I am the (check appropriate box)

I, Vernon S Rivet Sr.

petitioner/plaintiff/movant       other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes       No      (If "No," go to Part 2)

If "Yes," state the place of your incarceration Westborough State Mental Hospital

Are you employed at the institution? No Do you receive any payment from the PNA 300

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?  Yes       No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Self employment I was injured removing Road Sign  
May 2002 \$130 A Day

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

Works of Art \$1500

4. Do you have any cash or checking or savings accounts?  Yes  No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No

If "Yes," describe the property and state its value.

But I Stand to inherit Land Which My Business was  
on. And I Would like to have it Cleaned up. But  
Lower Courts and Town Officials keeps me from doing so.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None but I Have Three Children

I declare under penalty of perjury that the above information is true and correct.

10/2/04  
Date

Vernon S River Jr.

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.